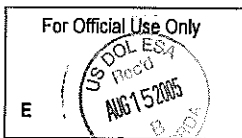


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>7502</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>CARL</u> <u>E</u> <u>WARNER</u> P.O. Box, Bldg., Room No., if any Street <u>611 REEVES LANE</u> City <u>KENNEDALE</u> State <u>TX</u> ZIP Code + 4 <u>76060</u>	4. Name, file number, and address of labor organization. Name <u>TEAMSTER LOCAL 997</u> Labor Organization File Number <u>504-930</u> P.O. Box, Building and Room Number, if any <u>Suite 102</u> Street <u>137 SYCAMORE SCHOOL RD.</u> City <u>Ft. Worth</u> State <u>TX</u> ZIP Code + 4 <u>76134</u>
5. Position in labor organization. <u>VICE President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>Miller Brewing Co. S.A.B.</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any <u>5-102</u> Street <u>7001 Southfreeway</u> City <u>Ft. Worth</u> State <u>TX</u> ZIP Code + 4 <u>76104</u>	7.a. Nature of Interest, Transaction, or Income. <u>EMPLOYEE BEER GIVEN AWAY TO ALL EMPLOYEES; THE BEER WAS NOT SALEABLE</u> 7.b. Amount. <u>\$160.00</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Carl E. Warner On 8-5-5 817-483-2184
Date Telephone Number

DISCLAIMER

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. If any items were omitted it was purely unintentional, and if it comes to my attention in the future that there is a matter, which should have been reported for calendar year 2004, I will file an amended Form LM-30.

Carl E. Warner
Signature

8-5-5
Date